

## CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**  
☐ **RECONSIDERATION REQUEST**

**DATE: 7/26/2021**  
**DOCKET #:**

### FILER INFORMATION

Name: Rodney D. Miller  
Office: Mayor, Town of Livingston  
Parish: LIVINGSTON  
Election Date: 11/3/2020  
Level of Office: Any

### REPORT INFORMATION

Name of Report: 10-P  
Original Due Date: 10/26/2020  
Date Filed: 11/8/2020  
Activity Receipts: \$500.00  
Expenditures: \$2317.81  
Funds at Close of Reporting Period: \$431.44

### LATE FEE INFORMATION

Amount of Late Fee: \$500  
Days Late: 13  
Late Fee Order Received: 12/8/2020  
Payment/Waiver Request Due Date: 12/28/2020  
Waiver Request Received: 12/23/2020  
Additional Information Requested:

- Medical
- Financial - ATTACHED
- Other

**COMMENTS:** Candidate submitted waiver by certified mail and states that he is requesting a waiver first because he doesn't understand what was done wrong and second due to financial hardship, he lives on social security.

### OTHER LATE FEE INFORMATION

#### Campaign Finance:

Other Outstanding Reports: No  
Other Outstanding Late Fees: No  
Prior Late Fees: No  
Reassessed Late Fees: No

#### Disclosure Statements:

Other Outstanding Late Fees: No  
Prior Late Fees: No

**Rodney Miller**

**Post Office Box 88**

**Livingston, LA 70754**

**225 445 1793**

December 8, 2020

Board of Ethics

P. O. Box 4368

Baton Rouge, LA

Re: Request for Waiver

I am sorry, I have never had to do this before and I thought I had sent everything required in a timely manner. I faxed in the first paper work on October 23 because when I read it my understanding it was due on Oct 26. I received it back stating it was not correct by this time the election was almost over but I revised it and faxed it back on Nov 8, 2020. Then on Nov 11, I sent in all the final paper work that was not due until Nov. 25. So, I am confused of what I have done wrong or what is missing. I have not heard from anyone until I received this letter dated Dec 3, 2020 stating a Late fee assessment order.

After review the paper work, I do see where I forgot to put a post office box for Lester McLin & Assoc in Schedule A-1, which I have correct on the enclosed paper work attached but other than that I thought I was in compliance.

Please find enclosed the revised paper work I faxed in on 11/08/2020 and the final report on 11/11/2020.

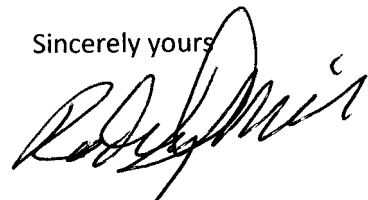
If there is something missing, I will be happy to submit it.

I am requesting a waiver first because I don't understand what I have done wrong and second because it will put a hardship on me, I live on my social security check which is \$685.20 after they deduct my Medicare. So please advise me what I need to do to work this out.

I will be looking for your reply.

Thank you.

Sincerely yours

A handwritten signature in black ink, appearing to read 'Rodney Miller', written over the typed name.

Rodney Miller

\*\*\*\*\*  
 \*\*\* ACTIVITY REPORT \*\*\*  
 \*\*\*\*\*

ST. TIME	DESTINATION NUMBER	DESTINATION ID	NO.	MODE	PGS.	RESULT
*26/01 17:06	2256860603		1342	TRANSMIT ECM	2	OK 00'32
*28/01 17:53	2252615917		1343	TRANSMIT G3	1	NG 00'12
					1	#001
*28/01 17:56	2252615917		1344	TRANSMIT G3	1	OK 00'39
*28/01 17:58	2252615917		1345	TRANSMIT G3	3	OK 01'06
*28/01 18:00	2252615917		1346	TRANSMIT G3	1	OK 00'27
*28/01 18:00	2252615917		1347	TRANSMIT G3	1	OK 00'31
*28/01 18:01	2252615917		1348	TRANSMIT G3	1	OK 00'38
*28/01 18:03	2252615917		1349	TRANSMIT G3	1	OK 00'31
*28/01 18:03	2252615917		1350	TRANSMIT G3	1	OK 00'31
*30/01 12:49	2253817271		1352	TRANSMIT ECM	6	OK 01'49
*30/01 15:00	18309904479		1353	TRANSMIT	0	NG 00'37
					0	#018
*31/01 13:05	18309904479		1354	TRANSMIT G3	1	OK 00'32
*31/01 13:24	18309904479		1355	TRANSMIT G3	1	OK 00'49
*31/01 20:18	2256861617		1356	TRANSMIT	0	NG 00'41
					0	
*01/02 13:37	13373945705		7133	AUTO RX ECM	33	OK 10'52
*01/01 02:12	9197317993		1357	TRANSMIT	0	NG 00'00
					0	#018
*01/01 02:14	15736743229		1358	TRANSMIT	0	NG 00'00
					0	#018
*11/11 20:24	12253817271		1359	TRANSMIT ECM	4	OK 01'10
11/11 20:30	2253817271		1360	TRANSMIT ECM	5	OK 01'22
11/11 20:33	2253817271		1361	TRANSMIT ECM	5	OK 01'33



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

January 6, 2021

Rodney D. Miller  
P.O. Box 88  
Livingston, LA 70754

**RE: Ethics Board Docket No.: 2021**

Dear Rodney D. Miller:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that you are on a fixed income and paying the fines would be a financial hardship. If you would like the Board to consider your financially situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent W-2 or tax return. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **February 8, 2021**.

Sincerely,

**Melissa Horn**

Financial Statement for RODNEY D. MILLER (Filer Name)Married: ☐ Yes ☒ No

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

## Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

## Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

# MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)

## Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

## Monthly Household Expenses

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
<b>Total Monthly Expenses</b>	